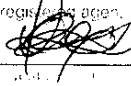


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90012 005 ***150.00

DOCUMENT # P05000137950					
1. Entity Name SANDVIRG CORP					
Principal Place of Business 2631 W EVERGLADE DR MIRAMAR, FL 33021			Mailing Address 2631 W EVERGLADE DR MIRAMAR, FL 33021		
2. Principal Place of Business - Tax FID. Box # 2631 Everglade Dr.		3. Mailing Address 2631 Everglade Dr.		 02112007 Chg-P CR2E034 (12/06)	
State Apt. # etc		State Apt. # etc			
City & State Miramar, FL		City & State Miramar, FL			
Zip 33023		Zip 33023			
County BROWARD		County BROWARD		4. FEI Number 20-3606456	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applicable For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SANDOVAL, VIRGILIO 2631 W EVERGLADE DR MIRAMAR, FL 33021			7. Name and Address of New Registered Agent Name Sandoval, Virgilio Street Address (P.O. Box Number is Not Acceptable) 2631 Everglade Dr City Miramar State FL Zip Code 33023		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.					
SIGNATURE 					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		
NAME D SANDOVAL, VIRGILIO	STREET ADDRESS 2631 W EVERGLADE DR	CITY STATE ZIP MIRAMAR, FL 33021	TITLE Director, President	NAME Sandoval, Virgilio	STREET ADDRESS 2631 Everglade Dr
CITY STATE ZIP MIRAMAR, FL 33021			CITY STATE ZIP Miramar, FL 33023		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					